

	Total Care DHMO w/coinsurance ¹	Enhanced Plan	Cigna Dental Care DHMO w/copays ¹	Basic Plan
Network	Network only ²	Any dentist - out-of-network dentists may balance bill	Network only ²	Any dentist
Annual deductible	None	\$25 individual/\$75 family Services highlighted in orange are subject to deductible.	None	None
Calendar-year maximum	Unlimited	\$3,000	Unlimited	Unlimited
Routine preventive care				
Oral evaluations (two per year)	100%	100%*	100%	100%
Routine cleanings (two per year)	100%	100%*	100%	100%
Routine cleanings (three or more per year) up to age 19 over age 19	\$30 \$45	Not covered	\$30 \$45	Not covered
Periodontal maintenance (two per year)	100%	100%*	100%	80%
Bitewing X-rays (one per year)	100%	100%*	100%	100%
Full mouth or panoramic X-ray (one per year)	100% (one every three years)	100%* (one every five years)	100% (one every three years)	80% (one every five years)
Simple Restorations				
Restorative: fillings (amalgam & composite)	85%	80%*	set copay - see PCS	80%
Fluoride Application - up to age 19 (two per year)	100%	100%*	100%	80%
Fluoride Application - over age 19 (two per year)	100%	Not covered	100%	Not covered
Sealants posterior teeth (one tooth/three years)	100%	100%*	100%	80%
Sealants non-posterior teeth (one tooth/three years)	100%	Not covered	100%	Not covered
Emergency Care to Relieve Pain	100%	80%*	set copay - see PCS	80%
Consultation via Cigna Dental Virtual Care (via myCigna account)	100%	100%	100%	100%
Oral Surgery – Simple Extractions	85%	80%*	set copay - see PCS	80%
Root Canal Therapy / Endodontics	85%	80%*	set copay - see PCS	80%
Stainless Steel/Resin Crowns	70%	67%*	set copay - see PCS	80%
Denture Adjustments and Repairs	85%	80%*	set copay - see PCS	80%
Repairs to Bridges, Crowns and Inlays	85%	80%*	set copay - see PCS	80%
Brush Biopsy	85%	80%*	\$78	80%
Major Restorations				
Crowns/Inlays/Onlays	70%	67%*	set copay - see PCS	67%
Prosthesis over implant	55%	67%*	set copay - see PCS	67%
Oral surgery - Major extractions	85%	80%*	set copay - see PCS	67%
Surgical extractions of impacted teeth	85%	80%*	set copay - see PCS	67%
General anesthesia	85%	80%*	\$50 per 15 mins	Not covered
Space maintainers (non-orthodontic treatment for children under age 16)	90% - 100%	80%*	\$110 - \$170	67%
Occlusal (night) guard	85%	67%*	\$95 - \$185	67%

Periodontics				
Scaling/Root Planing - 4 + teeth per quadrant (limit four quadrants every 12 months)	85%	80%*	\$60	50%
Scaling/Root Planing - 1-3 teeth per quadrant (limit four quadrants every 12 months)	85%	80%*	\$45	50%
Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (one per year)	100%	100%*	\$0	50%
Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (two or more per year)	\$45	100%*	\$45	Not covered
All other covered services	55% - 85%	80%*	set copay - see PCS	50%
Prosthetics				
Bridges	55%	50%*	set copay - see PCS	Not covered
Dentures	55%	50%*	set copay - see PCS	Not covered
Veneers				
Veneers - front tooth	70%	Not covered	\$105	Not covered
Surgical implants				
Surgical implant placement	55% One implant per year	50%* \$500 per year	set copay - see PCS One implant per year	Not covered
Braces/Orthodontia				
Up to age 19 (evaluation, X-rays, banding, 24 mth treatment, removal)	55%	50%* \$1,500 lifetime limit	\$3,014 - \$3,199	Not covered
Over age 19 (evaluation, X-rays, banding, 24 mth treatment, removal)	55%	50%* \$1,500 lifetime limit	\$3,422 - \$3,607	Not covered

*Plan covers this percentage of contracted fees for network dentists. If you choose to see a dentist who does not participate in the network, you may have to pay more since non-network dentists can bill you for the difference between their usual fees and the amount Cigna will reimburse for covered services.

1. The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including, but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care® (DHMO) product availability varies by state and is subject to change.
2. A benefit is paid for covered out-of-network emergency dental care. Certain states mandate coverage for dental care received out-of-network. For example, in Minnesota, the plan will pay 50% of the value of your network benefit for covered out-of-network services. In Oklahoma, the plan will pay the same amount it pays network dentists for covered out-of-network services. You are responsible for any charges not covered by the plan. Other states may have similar mandates. Refer to your plan documents for cost and coverage details.